



# Neonatal Abstinence Syndrome (NAS)

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USER GUIDE V2.0

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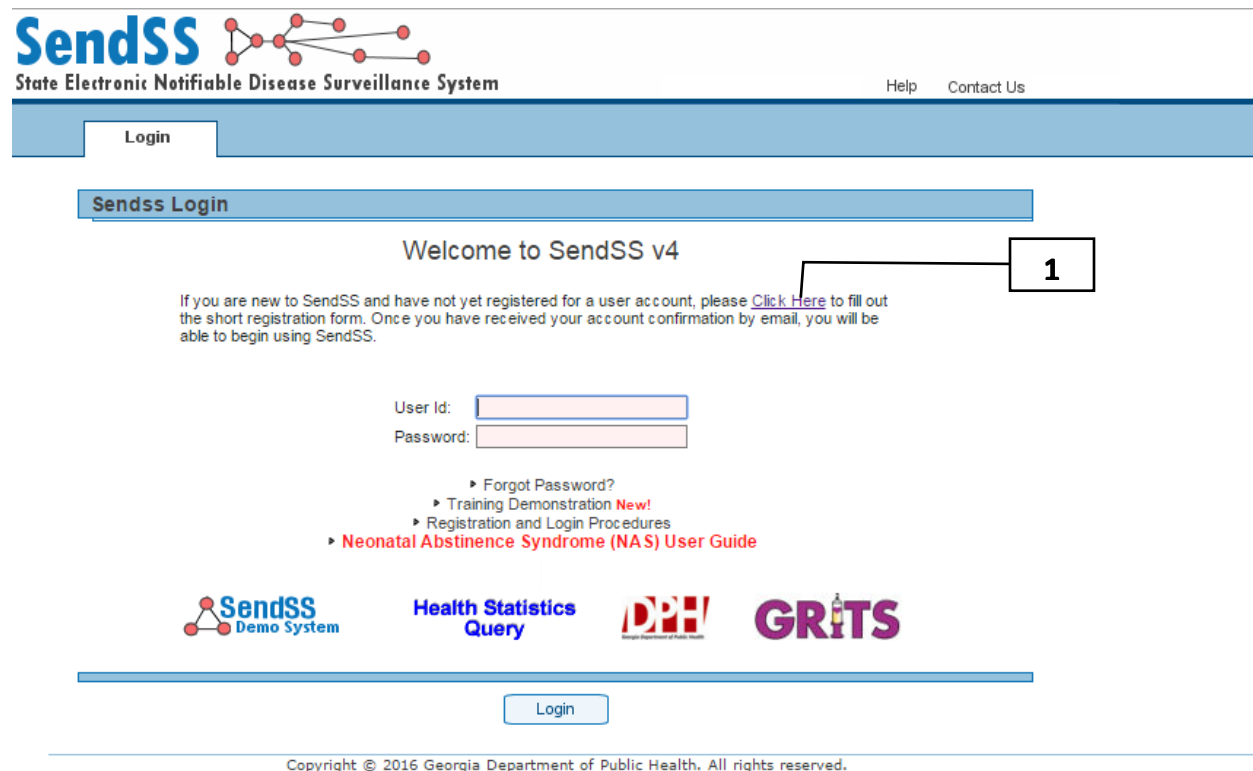
## Accessing the NAS Reporting form in SendSS


1. **Existing SendSS Notifiable Disease Reporting Users** – need not do anything as NAS is now part of the disease drop down box. Please follow directions from [Page 11](#).
2. **Existing SendSS NB (Newborn) Users** – Send an email to [SendSS.Support@dph.ga.gov](mailto:SendSS.Support@dph.ga.gov) including in the subject **Requesting NAS Reporting Access** and in the body **Name, UserId and contact telephone number**. Once access is approved, please follow directions from [Page 11](#).
3. **New (unregistered) Users to SendSS only reporting NAS** – please follow the directions from [Page 4](#).

## New User Registration Procedure

The home page can be accessed with the following URL - <https://sendss.state.ga.us>

In order to register for access to SENDSS you will first need to fill in a registration form. This can be accessed by pressing “Click Here” as shown below [1].



**SendSS**   
State Electronic Notifiable Disease Surveillance System

Help Contact Us

Login

**Sendss Login**





Welcome to SendSS v4

If you are new to SendSS and have not yet registered for a user account, please [Click Here](#) to fill out the short registration form. Once you have received your account confirmation by email, you will be able to begin using SendSS.

User Id:

Password:

▸ Forgot Password?  
▸ Training Demonstration **New!**  
▸ Registration and Login Procedures  
▸ Neonatal Abstinence Syndrome (NAS) User Guide

Login

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# Registration Form

## SendSS

State Electronic Notifiable Disease Surveillance System

[Help](#) [Contact Us](#)

Login

## Registration Form

### Personal Information

Please select an Id you can easily remember. Examples: Name: John Smith UserId: jsmith1960

Name: William B Hartsfield UserId: willyB

User Id

Password

### User Information

First Name

Last Name

E-Mail Address

Phone

Ext

Fax Number

Pager Number

Title

Enter Title if not in list

Choose One

Please choose your type of organization from the list below. Once your type is selected, select your organization. If you can not find your organization, please select "Enter New Organization" in the "Organization" drop down box.

Type of Organization

Choose One

Organization

Select Organization Type

### Access Required

- |   |   |  |                                  |
|---|---|--|----------------------------------|
| <input type="checkbox"/> SendSS Newborn   | <input type="checkbox"/> General Notifiable User        | <input type="checkbox"/> Syndromic Surveillance          | <input type="checkbox"/> TB User |
| <input type="checkbox"/> STD User   | <input type="checkbox"/> HIV User                       | <input type="checkbox"/> Dept of Corrections             |                                  |
| <input type="checkbox"/> STD Case Management <b>Public Health Workers Only</b>    |   |  |                                  |
| <input type="checkbox"/> Lead User  | <input type="checkbox"/> Varicella User                 | <input type="checkbox"/> HL7-Cancer Registry             |                                  |
| <input type="checkbox"/> Survey User  | <input type="checkbox"/> Ga Birth Defects File Transfer | <input type="checkbox"/> Immunization Assessment System  |                                  |
| <input type="checkbox"/> RevMaxx File Check                                       | <input type="checkbox"/> GPHL File Transfer             | <input type="checkbox"/> BCW Providers                   |                                  |
| <input type="checkbox"/> EMS IMS  | <input type="checkbox"/> Vital Records                  | <input type="checkbox"/> IISS On Call User               |                                  |
| <input type="checkbox"/> Central Intake Data System                               | <input type="checkbox"/> Animal Bite Module             | <input type="checkbox"/> Employee Database Administrator |                                  |
| <input type="checkbox"/> Neonatal Abstinence Syndrome (NAS) Reporting <b>New!</b> |   |  |                                  |
| <input type="checkbox"/> Nurse Database   |   |  |                                  |
| <input type="checkbox"/> Data Request Database                                    |   |  |                                  |
| <input type="checkbox"/> Grants Tracking  |   |  |                                  |
| <input type="checkbox"/> Low THC Oil Registry                                     |   |  |                                  |
| <input type="checkbox"/> Ga Public Health Calendar                                |   |  |                                  |
| <input type="checkbox"/> Progress Check   |   |  |                                  |

### Supporting Information for Access

Are you the only person from your organization using SENDSS ?

☐ Yes ☐ No ☐ Unknown

Has your organization had formal SENDSS training?

☐ Yes ☐ No ☐ Unknown

How did you hear about SENDSS?

Save

## Choosing a User ID and Password

### Registration Form

**Personal Information**

Please select an Id you can easily remember. Examples: Name: John Smith UserId: jsmith1960  
Name: William B Hartsfield UserId: willyB

User Id  1

Password  2

1. Remember to use a userid that can be easily remembered
2. Fill out Password Information. Correct password must contain at least 8 characters, 1 number, 1 capital letter and 1 lower case letter. Failure to adhere to this will result in the below SendSS System Message box.

**SendSS System Message:**

**Form Is Invalid - Cannot Continue**

☐ Password must contain at least 8 characters, 1 number, 1 capital letter, and 1 lower case letter.

[Close](#)

## Registration Form (Continued)

**User Information**

First Name <input type="text"/>	Last Name <input type="text"/>
E-Mail Address <input type="text"/>	Phone <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>
Fax Number <input type="text"/> <input type="text"/> <input type="text"/>	Pager Number <input type="text"/> <input type="text"/> <input type="text"/>
Title Registered Nurse ▼	Enter Title if not in list <input type="text"/>


Please choose your type of organization from the list below. Once your type is selected, select your organization. If you can not find your organization, please select "Enter New Organization" in the "Organization" drop down box."

Type of Organization State Agency ▼	Organization Ga Division Of Public Health ▼
Address <input type="text"/> 2 PEACHTREE STREET	City ATLANTA
State GA	County FULTON
Zip Code -	

1. Select the type of organization you will be entering cases for.
2. Select the name of your organization. If you cannot find your organization select "Enter a New Organization" from the select box and the section will change and appear as below.


City, County, State, and District are not editable once an organization is entered into SendSS.

## Choosing the Access

 **Access Required**

<input type="checkbox"/> SendSS Newborn	<input type="checkbox"/> Syndromic Surveillance	<input type="checkbox"/> TB User
<input type="checkbox"/> General Notifiable User	<input type="checkbox"/> HIV User	<input type="checkbox"/> Dept of Corrections
<input type="checkbox"/> STD User		
<input type="checkbox"/> STD Case Management <b>Public Health Workers Only</b>		
<input type="checkbox"/> Lead User	<input type="checkbox"/> Varicella User	<input type="checkbox"/> HL7-Cancer Registry
<input type="checkbox"/> Survey User	<input type="checkbox"/> Ga Birth Defects File Transfer	<input type="checkbox"/> Immunization Assessment System
<input type="checkbox"/> RevMaxx File Check	<input type="checkbox"/> GPLH File Transfer	<input type="checkbox"/> BCW Providers
<input type="checkbox"/> EMS IMS	<input type="checkbox"/> Vital Records	<input type="checkbox"/> IISS On Call User
<input type="checkbox"/> Central Intake Data System	<input type="checkbox"/> Animal Bite Module	<input type="checkbox"/> Employee Database Administrator
<input checked="" type="checkbox"/> Neonatal Abstinence Syndrome (NAS) Reporting <b>New!</b>		
<input type="checkbox"/> Nurse Database		
<input type="checkbox"/> Data Request Database		
<input type="checkbox"/> Grants Tracking		
<input type="checkbox"/> Low THC Oil Registry		
<input type="checkbox"/> Ga Public Health Calendar		
<input type="checkbox"/> Progress Check		

1. Select 'Neonatal Abstinence Syndrome (NAS) Reporting' from 'Access Required' section above.
2. Please answer the questions in 'Supporting Information' section below.
3. Enter any comments in this section.
4. Press "Save" to complete your registration.

 **Supporting Information for Access**

Are you the only person from your organization using SENDSS ? ☒ Yes ☐ No ☐ Unknown

Has your organization had formal SENDSS training? ☐ Yes ☒ No ☐ Unknown

How did you hear about SENDSS?

**Save**



## Registration Confirmation Page

### Sendss Login

### Welcome to SendSS v4

If you are new to SendSS and have not yet registered for a user account, please [Click Here](#) to fill out the short registration form. Once you have received your account confirmation by email, you will be able to begin using SendSS.

**Thank you for taking the time to register. An email will be sent to you once you have been approved. If you use an email filter, please add [sendssupport@dhr.state.ga.us](mailto:sendssupport@dhr.state.ga.us) to your approved list.**

User Id:

Password:

- ▶ [Forgot Password?](#)
- ▶ [Training Demonstration](#) **New!**
- ▶ [Registration and Login Procedures](#)
- ▶ [Neonatal Abstinence Syndrome \(NAS\) User Guide](#)



Login

Once you have been approved, an email will be sent to you. If you use an email filter, please add [sendssupport@dhr.state.ga.us](mailto:sendssupport@dhr.state.ga.us) to your approved list.

## Signing In

The screenshot shows the SendSS v4 login interface. At the top, the SendSS logo and 'State Electronic Notifiable Disease Surveillance System' are displayed. A navigation bar contains a 'Login' button (callout 1) and links for 'Help' and 'Contact Us' (callout 2). Below this is a 'Sendss Login' header. The main content area says 'Welcome to SendSS v4' and provides instructions for new users, with a 'Click Here' link (callout 3). The login form includes a 'User Id:' field (callout 4) and a 'Password:' field (callout 5). A 'Forgot Password?' link (callout 6) is located below the password field. Additional links for 'Training Demonstration New!', 'Registration and Login Procedures', and 'Neonatal Abstinence Syndrome (NAS) User Guide' are listed. At the bottom, there are logos for SendSS Demo System, Health Statistics Query, DPH, and GRITS, followed by a 'Login' button.

### Key to features

1. Help – A link to documentation and manual for SendSS
2. Contact Us – Send an internal message
3. Warnings and Messages – Text will appear in red to alert users of failed logins or other relevant messages such as successful registration, new features or website maintenance.
4. User Id – Enter the user id you chose when registering
5. Password – Enter the password you chose when registering. This password must be reset every 3 months. After 3 months SendSS will allow 3 grace logins before locking your account. You will be prompted to change your password at this time.
6. Forgot Password – Click here to request your password

## SENDSS - Disclaimer

### Sendss Privacy Statement

This system will allow persons authorized by DHR to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written consent of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosures of this information may result in significant criminal or civil penalties, as well as punishment up to and including the termination of employment. Failure to properly logout of SENDSS can result in an unauthorized disclosure. Any unauthorized disclosures will be investigated promptly and thoroughly prosecuted.

Agreeing with the Privacy Statement confirms your status as an authorized SENDSS user who is accessing the database only for reporting and treatment purposes. Agreeing with the Privacy Statement also confirms that as an authorized SENDSS user you will reasonably safeguard protected health information from any use or disclosure that is in violation of the Privacy Statement or state and federal law.

Source: HIPAA, 45 CFR §§ 164.502, 164.506, 164.530.

1

[I agree with this statement](#)  
[I disagree with this statement](#)

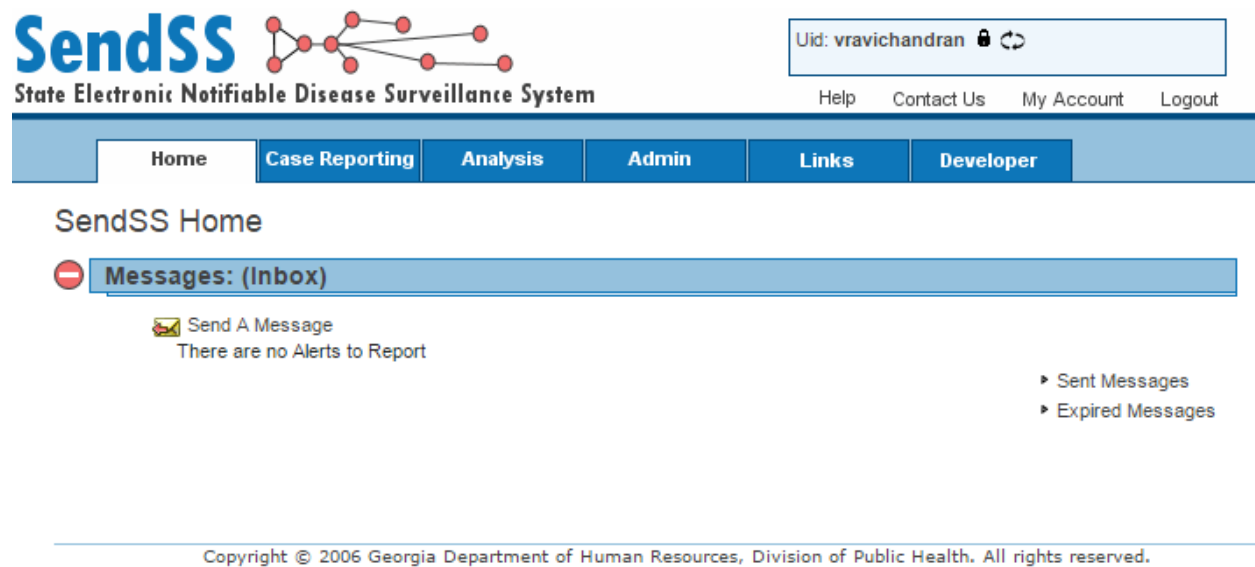
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Before you can enter the system, you must accept the Privacy Statement [1].

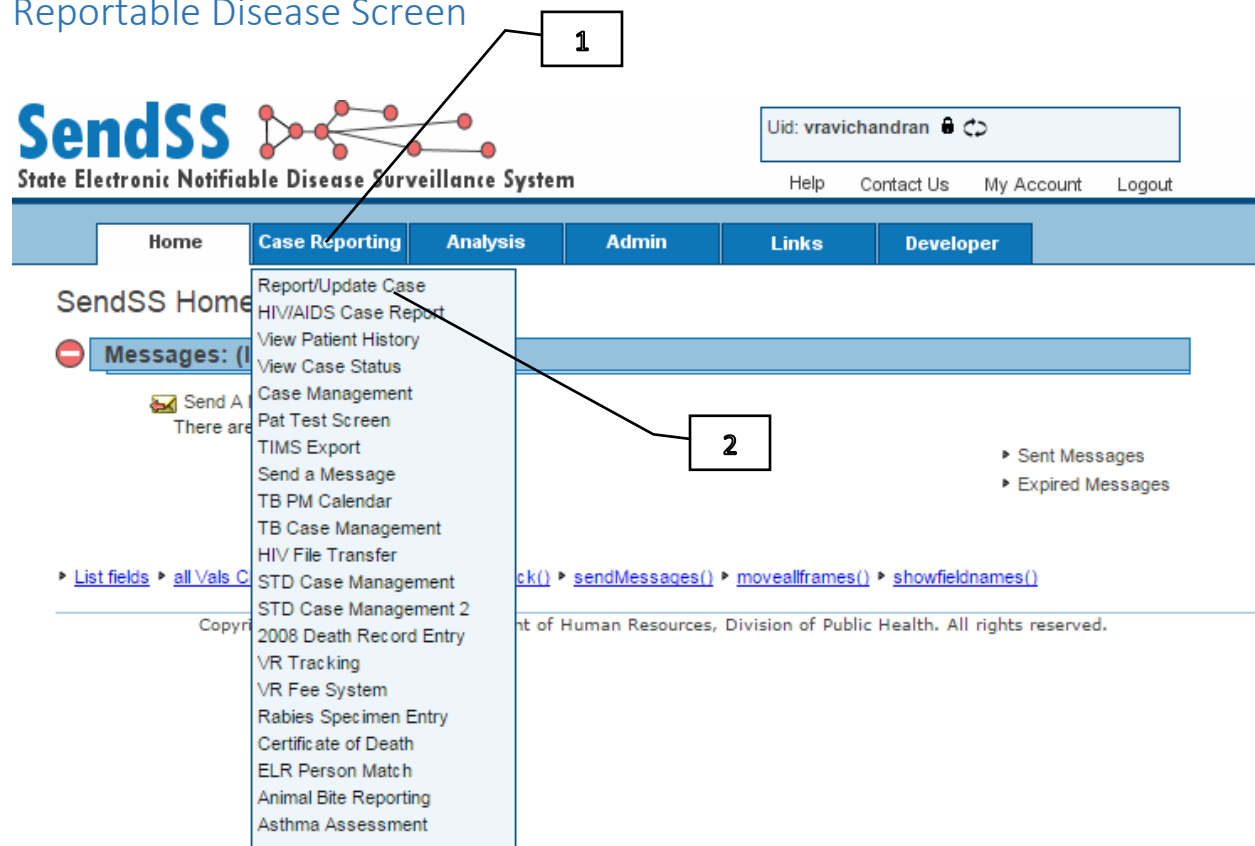
Selecting “**I disagree with this statement**” will terminate your login and return you to the login page.

## SENDSS Home Screen



The screenshot shows the SENDSS Home Screen. At the top left is the SENDSS logo with the tagline "State Electronic Notifiable Disease Surveillance System". To the right of the logo is a network diagram. Further right is a user login box showing "Uid: vravichandran" with a lock icon and a refresh icon. Below the login box are links for "Help", "Contact Us", "My Account", and "Logout". A navigation bar contains tabs for "Home", "Case Reporting", "Analysis", "Admin", "Links", and "Developer". The "Home" tab is selected. Below the navigation bar, the page title "SendSS Home" is displayed. A "Messages: (Inbox)" section shows a "Send A Message" button and the text "There are no Alerts to Report". To the right of this section are links for "Sent Messages" and "Expired Messages". At the bottom, a copyright notice reads: "Copyright © 2006 Georgia Department of Human Resources, Division of Public Health. All rights reserved."

## Reportable Disease Screen



This screenshot shows the SENDSS Reportable Disease Screen. It features the same header and navigation bar as the Home screen. The "Case Reporting" tab is selected. A dropdown menu is open under the "Case Reporting" tab, listing various reporting options. Two annotations are present: a box labeled "1" with a line pointing to the "Case Reporting" tab, and a box labeled "2" with a line pointing to the "Report/Update Case" option in the dropdown menu. The dropdown menu includes the following items: "Report/Update Case", "HIV/AIDS Case Report", "View Patient History", "View Case Status", "Case Management", "Pat Test Screen", "TIMS Export", "Send a Message", "TB PM Calendar", "TB Case Management", "HIV File Transfer", "STD Case Management", "STD Case Management 2", "2008 Death Record Entry", "VR Tracking", "VR Fee System", "Rabies Specimen Entry", "Certificate of Death", "ELR Person Match", "Animal Bite Reporting", and "Asthma Assessment". The rest of the page content is partially obscured by the dropdown menu.

**Hover** on the Menu dropdown for Case Reporting [1] and then **clicking** on “Report/Update Case” [2] will take you to the Patient/Disease Search screen.

## Patient (Mother)/ Disease Search Screen

**SendSS** State Electronic Notifiable Disease Surveillance System

Uid: vrvachandran

Help Contact Us My Account Logout

Home Case Reporting Analysis Admin Links Developer

### Enter Patient Information

#### Patient Search Criteria

Please enter patient Id or Last Name to begin your search. Fields marked ● are mandatory

Last Name ● First Name Middle Name

Nickname (AKA) ☐ Search on nickname only

Date of Birth (mm/dd/yyyy) Sex Choose One SSN

#### Disease Information

Select the Disease/Diagnosis you are reporting and to the best of your knowledge, the Date of Onset (If you don't know the Date of Onset, please use Lab Date); when finished, click Search.

[For information on clinical and surveillance case definitions, as well as laboratory specimens required for diagnosis click here](#)

Disease/Diagnosis ● Date of Onset (mm/dd/yyyy) ●

Choose One

Search

**Please fill in the Mother's information in the "Patient Search Criteria" [1] eg. Last Name / Date of Birth etc.**

Fill in all the text boxes with all relevant/known Mother's information, then select the Disease/Diagnosis under the Disease Information Section (see next page). All fields marked with a red circle [●] are required before the Patient (Mother) Search request can be submitted. Failure to do so will result in the SENDSS error message popup.

**SendSS System Message:**

**Form Is Invalid - Cannot Continue**

- Last Name is a required field and must be entered.
- The date (Date of Onset) is a required field.
- Disease is a required field and a selection must be made.

Close

## Selecting NAS as the Disease to be Reported

### Patient Search

#### Patient Search Criteria

Please enter patient Id or Last Name to begin your search. Fields marked ● are mandatory

Last Name Martin	First Name Kelly	Middle Name 
Nickname (AKA) 	<input type="checkbox"/> Search on nickname only	
Date of Birth (mm/dd/yyyy) 04/04/1985	Sex Female ▼	SSN 111-11-1111

#### Disease Information

Select the Disease/Diagnosis you are reporting and to the best of your knowledge, the Date of Onset (If you don't know the Date of Onset, please use Lab Date); when finished, click Search.

[For information on clinical and surveillance case definitions, as well as laboratory specimens required for diagnosis click here](#)

Disease/Diagnosis <span style="color: red;">●</span> Choose One	Date of Onset (mm/dd/yyyy) 01/01/2015 ?
<div><div>1</div><div><div>Legionellosis</div><div>Leprosy</div><div>Leptospirosis</div><div>Listeriosis</div><div>Lyme Disease</div><div>Malaria</div><div>Measles (Rubeola)</div><div>Melioidosis</div><div>Meningitis</div><div>Mrsa (Community Associated)</div><div>Mumps</div><div>Neisseria Meningitidis (Invasive)</div><div>Neonatal Abstinence Syndrome (NAS)</div><div>Newly Identified Hbsag Positive Carriers</div><div>Pertussis</div><div>Plague</div><div>Poliomyelitis</div><div>Psittacosis</div><div>Q Fever, Acute</div><div>Q Fever, Chronic</div></div></div>	<div>Search</div> <div>ent of Public Health. All rights reserved.</div>

2

Under Disease/Diagnosis dropdown list [1], select Neonatal Abstinence Syndrome (NAS) [2]. Enter the Date of Onset and click on the Search button. This will take you to the Patient Search Results screen.

## Patient (Mother) Search Results

Patient Search Results: Following patients located

## Patient Search Criteria

**Last Searched For:**  
 Last Name: **Martin** First Name: **Kelly** Middle Name: Nick Name:  
 Gender: **Female** Date of Birth: **04-04-1985** SSN: **111-11-1111**


## Disease Information

**Disease Information for this Report:**  
Disease: Neonatal Abstinence Syndrome (Nas)      Date of Onset: 01-01-2015

## Patient Search Results

Your search returned the following (191) patients based on your search criteria. If one of these individuals is your patient, select their name to proceed. If you wish to create a new patient, click the "Create New Patient" link below.

Page: 1 2 3 4 5 6 7 8

 [Create New Patient](#)

1

Name	Date of Birth	Sex	Street Address	City	Updated	Rank
Martin, Kelly	04-04-1985	Female	2 Peachtree St	Atlanta	12-30-2015	<div></div>
Martino, Kaley	02-11-2001	Female	Ave Apt	Macon	06-19-2003	<div></div>
Martino, Celexus	07-25-1944	Female		Atlanta	03-13-1993	<div></div>
Martino, Celexus	07-31-1929	Female	Retundo Rd	Decatur	09-16-1999	<div></div>
Martino, Kenya	09-04-1998	Female	867 Rd	Villa Rica	04-03-2002	<div></div>
Martino, Kenya	08-14-1998	Female	Headband Lane	Rex	12-02-1999	<div></div>
Martino, Keshae	08-05-1962	Female	Hornstein Ct	Acworth	10-21-1993	<div></div>
Martino, Kevon		Female		Douglas	05-25-1991	<div></div>
Martino, Kevon		Female		Stone Mountain	07-18-1992	<div></div>
Martino, William Eric		Female		Atlanta	03-17-1990	<div></div>
Martino, Carliss	03-10-1969	Female	Lane	Atlanta	03-14-2002	<div></div>
Martina, Kadiata		Female	Oryza Ct	Powder Springs	12-14-1995	<div></div>
Martino, Ashleve		Female		Hazlehurst	11-03-1997	<div></div>
Martino, Beserat	05-21-1919	Female	7795 588 Ave	Augusta	05-05-1995	<div></div>
Martino, Carline	06-06-1984	Female		Atlanta	05-19-1994	<div></div>
Martino, Curl		Female		Douglas	04-16-1994	<div></div>
Martino, Dalis	01-26-1921	Female	512 St	Atlanta	03-12-2003	<div></div>
Martino, Decrepitus	04-24-1998	Female		Unknown	05-02-2000	<div></div>
Martino, Denise	10-31-1965	Female	6633 Scourge Rd	Tifton	11-05-1993	<div></div>
Martino, Dequoia		Female		Montezuma	06-26-1987	<div></div>
Martino, Dewberry	03-19-1924	Female	317	Smyrna	01-04-2001	<div></div>
Martino, Earl		Female		Midway	05-08-1993	<div></div>
Martino, Gena C.		Female		Warner Robins	01-16-1988	<div></div>
Martino, Geneva	06-19-1998	Unknown	28 Dr	Statesboro	01-03-2001	<div></div>
Martino, Geraldcan		Female		Richmond Hill	06-30-1990	<div></div>

[next ►](#)

Search

## Creating New Patient (Mother)/ New Incident

If the patient you want to report is not listed in the Patient Search Results section, please click on the “Create New Patient” [1] link.

### Existing Patient (Mother)

If the patient you want to report is listed in the Patient Search Results section, please click on the patient name [2] link.

## NAS Report Form

[Home](#)

[Case Reporting](#)


[Analysis](#)


[Admin](#)

[Links](#)







[Developer](#)

### General Notifiable Disease Report Form

 [Send A Message](#)

 [Progress Notes \(0\)](#)

#### Mother Demographics

Last Name: <input type="text" value="Martin"/>	First Name:  <input type="text"/>	Middle Name: <input type="text"/>	Maiden Name: <input type="text"/>
Street Address:  <input type="text"/>	City:  <input type="text" value="Choose One"/>	Zip:  <input type="text"/>	County:  <input type="text" value="Choose One"/>
Phone: <input type="text"/>	Date of Birth:  <input type="text"/>	Medrec: <input type="text"/>	

#### Father Demographics

Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>	
Street Address: <input type="text"/>	City: <input type="text" value="Choose One"/>	Zip: <input type="text"/>	County: <input type="text" value="Choose One"/>
Phone: <input type="text"/>	Date of Birth: <input type="text"/>		

#### NAS Reporting

 [Add New Child Birth](#)

[Save](#)



## Mother Demographics Section

Mother Demographics			
Last Name:	First Name:	Middle Name:	Maiden Name:
Martin	Kelly		Drew
Street Address:	City:	Zip:	County:
2 Peachtree St	Atlanta	30303	Fulton
Phone:	Date of Birth:	Medrec:	
4044631200	04 / 04 / 1985	A123456789	

Enter all patient (mother) demographic information shown above. All fields marked with a red circle [●] are mandatory fields. Move on to the next section.

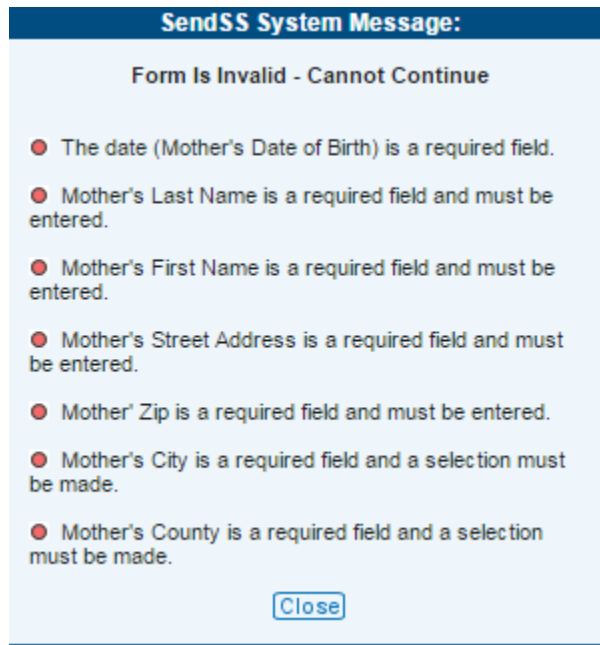
## Father Demographics Section

Father Demographics			
Last Name:	First Name:	Middle Name:	
Martin	Ricky	John	
Street Address:	City:	Zip:	County:
2 Peachtree St	Atlanta	30303	Fulton
Phone:	Date of Birth:		
4044631212	01 / 01 / 1985		

Enter all father demographic information shown above. Move on to the next section.

## Saving the Report Form

Once all information has been entered, click the “Save” button. If any of the validations fail you will be notified by a pop-up box what needs to be corrected. Make the corrections and click “Save” again. Refer [Missing NAS Record Information](#) if you receive a SendSS System Message box asking to save the NAS Record Properly.



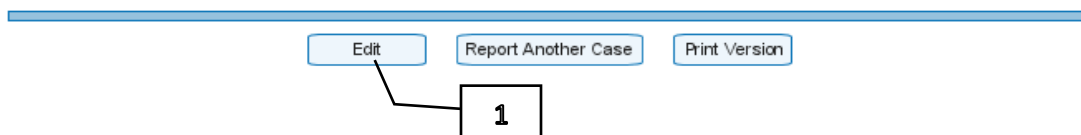
**SendSS System Message:**

**Form Is Invalid - Cannot Continue**

- The date (Mother's Date of Birth) is a required field.
- Mother's Last Name is a required field and must be entered.
- Mother's First Name is a required field and must be entered.
- Mother's Street Address is a required field and must be entered.
- Mother' Zip is a required field and must be entered.
- Mother's City is a required field and a selection must be made.
- Mother's County is a required field and a selection must be made.

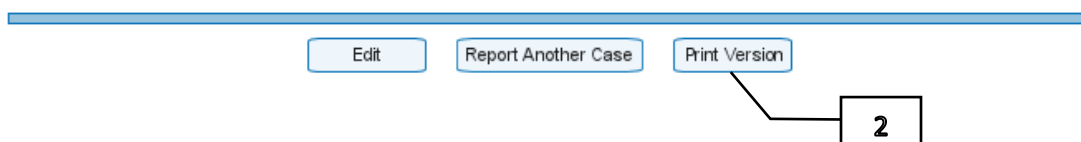
[Close](#)

## Editing the Report Form



To edit any of the information after you saved the form, please click on the Edit [1] button.

## Printing the Report Form



To print the form, please click on the Print Version [2] button.

## NAS Reporting Section Screen



To add Childbirth information, please click on “Add New Child Birth” [1] link.  
This will open up the NAS Childbirth Record Screen.

This section behaves differently from the Mother and Father Demographics sections as it has to be saved separately. Please click on “**Save NAS Record**” button (at the bottom of this section) to save the NAS Record. The system will NOT allow you to proceed unless you save the NAS Record properly or Close without Saving (Refer [Saving the NAS Childbirth Record](#))

## NAS Childbirth Record Screen

NAS Reporting

NAS Reporting Record - 2

Reported By : **vravichandran** Last Updated By : **NA on NA**

Type of Setting for this report:

☒ Hospital of Birth

☐ Infant received as a transfer (not the hospital of birth)

☐ Outpatient Facility

☐ Readmitted Infant

Name of Reporting Facility:

Name of Facility of Infant's Birth:

Choose One

Infant with clinical signs consistent with NAS:

☒ Yes

☐ No

Supporting Information (select all symptoms that apply):

☐ Tremors

☐ Hyperirritability

☐ Excessive Crying

☐ Diarrhea

☐ Vomiting

☐ Blotchy Skin Coloring

☐ Excessive Sucking

☐ Sweating

☐ Hyperactive Reflexes

☐ Seizures

☐ Poor ability or inability to feed

☐ Other

Substances

None Entered

Add New Substance

Infants

None Entered

Add Infant

Medications (Mark any medications used to treat infant)

☐ None:

Yes

No

Clonidine

Yes

No

Methadone

Phenobarbital

(List all drugs not in the above list)

Other:

Date first med started

Time first med started

(mm/dd/yyyy)

(hh:mm)

00

00

Disclaimer

Have you reported this child to the Division of Family and Children Services as required by Georgia's mandatory reporting statute § O.C.G.A 19-7-5?

☒ Yes

☐ No

Submitted by: vravichandran

Ref: 1531724 / 2

Close without Saving

Save NAS Record #2

## NAS Childbirth Record Screen (contd.)

The title of the record "NAS Reporting Record -2" [3] signifies that this is the Childbirth#2 for the mother. You can add more childbirth records by clicking on Add New Childbirth [4] again.

To add new Substance please click on Add New Substance [1] link. This will open up the NAS Substance Record Screen.

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To add new Infant please click on Add New Infant [2] link. This will open up the NAS Infant Record Screen.

All the information entered in the NAS Childbirth Record are relevant to this specific childbirth only.

## Additional Information

This section has been removed.

## Medications

### Medications (Mark any medications used to treat infant)

☐ None:

Yes	No		Yes	No	
<input checked="" type="radio"/>	<input type="radio"/>	Clonidine	<input checked="" type="radio"/>	<input type="radio"/>	Methadone
<input type="radio"/>	<input checked="" type="radio"/>	Phenobarbital			

(List all drugs not in the above list)

Other:

Date first med started  
(mm/dd/yyyy) / /

Time first med started  
(hh:mm)  :

### Medications (Mark any medications used to treat infant)

☒ None:

*You have selected 'None'*

Yes	No		Yes	No	
<input type="radio"/>	<input type="radio"/>	Clonidine	<input type="radio"/>	<input type="radio"/>	Methadone
<input type="radio"/>	<input type="radio"/>	Phenobarbital			

(List all drugs not in the above list)

Other:

Date first med started  
(mm/dd/yyyy) / /

Time first med started  
(hh:mm)  :

If "None" [1] is selected, then you will see the message "You have selected 'None'" [2]. All the subsequent fields under the Medications heading will be disabled. Unchecking "None" will re-enable these fields.

## Report Disclaimer

### Disclaimer

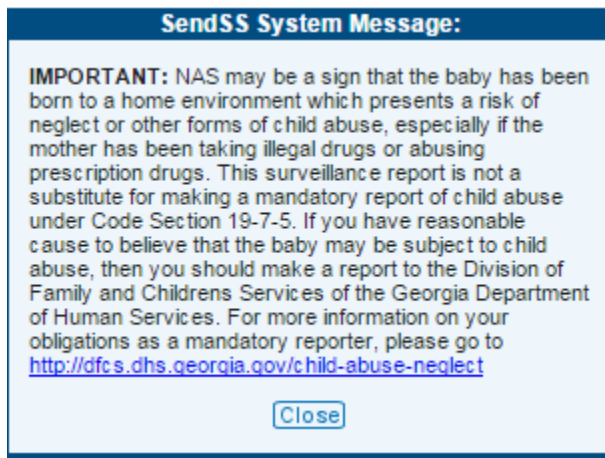
Have you reported this child to the Division of Family and Children Services as required by Georgia's mandatory reporting statute § O.C.G.A 19-7-5?

☒ Yes ☐ No

Submitted by: vrvachandran Ref: 941968 / 2

This is a mandatory question as suggested by the red circle. The NAS Record will not be saved unless this is answered. **Please answer this question only after you verify all the data entered.**

If you select 'No' to the Disclaimer and save the form (Refer to [Saving the Report Form](#)), you will see a SendSS pop-up message after the report completion. Please read the contents and take action accordingly.



## NAS Substance Record Screen

[Add New Substance](#)

---

**Substance Record**

☒ Infant Tested    Date Tested (mm/dd/yyyy): / /     ☐ Pending    ☐ Positive    ☐ Negative

☒ Maternal Tested    Date Tested (mm/dd/yyyy): / /     ☐ Pending    ☐ Positive    ☐ Negative

Substance Name:  

Choose One ▼

☐ Prescribed

Close

Save

Enter all the information, to the best of your knowledge and click on Save button.

## Editing the NAS Substance Record

1

+

Substance	Maternal History +	Maternal Tested	Infant Tested	Prescribed?
Cannabinoid (Marijuana, THC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes

**Substance Record**

☒ Infant Tested    Date Tested (mm/dd/yyyy): 01/ 01/ 2016    ☒ Pending    ☐ Positive    ☐ Negative

☒ Maternal Tested    Date Tested (mm/dd/yyyy): 01/ 02/ 2016    ☐ Pending    ☒ Positive    ☐ Negative

Substance Name:  

Cannabinoid (Marijuana, Thc) ▼

☒ Prescribed

Close

Save

To Edit the Substance record after you save, click on the + sign [1]. Make the updates/ corrections and click on save button again.

## Adding New Substance Record

Substances					
	Substance	Maternal History +	Maternal Tested +	Infant Tested +	Date Tested
+	Methamphetamines (Meth, Chrystal, Chalk, Ice)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	01/04/2015
+	Alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	01/05/2015


[Add New Substance](#)

You can add new substances by clicking on Add New Substance. If in a previous childbirth, a substance was tested positive on the Mother, then it gets checked in the Maternal History+ [2].

Substances				
	Substance	Maternal History +	Maternal Tested +	Infant Tested +
+	Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2

## NAS Infant Record Screen

 Add Infant

---


**Infant 0**

Last Name:	First Name:	Middle Name:	Gender:
<input type="text" value="Martin"/>	<input type="text" value="Holly"/>	<input type="text"/>	<input type="text" value="Female"/>
Gestational Age at Birth:	Date of Birth:	Infant Control#:	Medical Rec#:
Weeks: <input type="text" value="37"/> Days: <input type="text" value="4"/>	<input type="text" value="01"/> /01/2015	<input type="text" value="B1234567"/>	<input type="text" value="C888888"/>

Click on Add Infant to add the infants born in this childbirth. Enter all the information, to the best of your knowledge. All the fields marked with a red circle are mandatory.

### Adding New Infant Record

Infants					
	Last Name	First Name	Gender	Gestational Age	Date of Birth
+	Martin	Holly	Female	37 Weeks 4 Days	01-Jan-15

 Add Infant

**Infant 2**

Last Name:	First Name:	Middle Name:	Gender:
<input type="text" value="Martin"/>	<input type="text" value="Andrew"/>	<input type="text"/>	<input type="text" value="Male"/>
Gestational Age at Birth:	Date of Birth:	Infant Control#:	Medical Rec#:
Weeks: 37 Days: 4	01-Jan-15	<input type="text" value="A7654321"/>	<input type="text" value="M2222222"/>

1

2

You can add more infants if this was a case of multiple births like twins or triplets [3]. After entering the information for the first infant, the Gestational Age at Birth [1] and Date of Birth [2] gets auto-populated for your convenience.

Fill in the rest of the information and click on the save button.

Infants					
	Last Name	First Name	Gender	Gestational Age	Date of Birth
+	Test	Test	Female	27 Weeks 6 Days	01-Jan-16

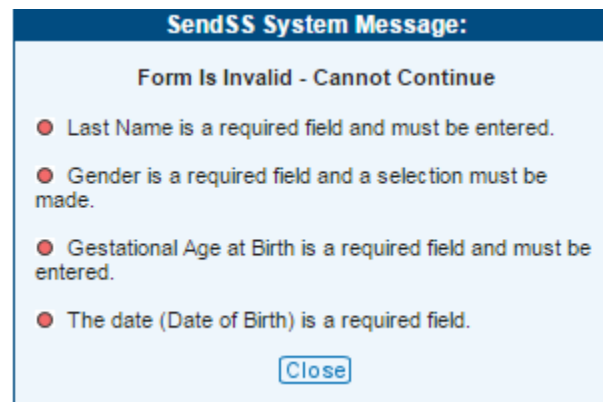
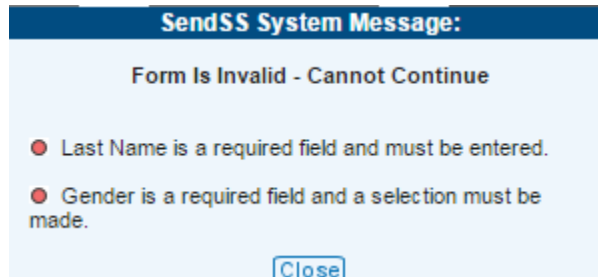
 Add another Infant (Multiple birth)

3



## Saving the Infant Record

Once all information has been entered, click the “Save” button. If any of the validations fail you will be notified by a SENDSS pop-up box what needs to be corrected. Make the corrections and click “Save” again.



## Editing the NAS Infant Record

Infants					
	Last Name	First Name	Gender	Gestational Age	Date of Birth
<input type="checkbox"/>	Martin	Holly	Female	37 Weeks 4 Days	01-Jan-15

[Add Infant](#)

**1**

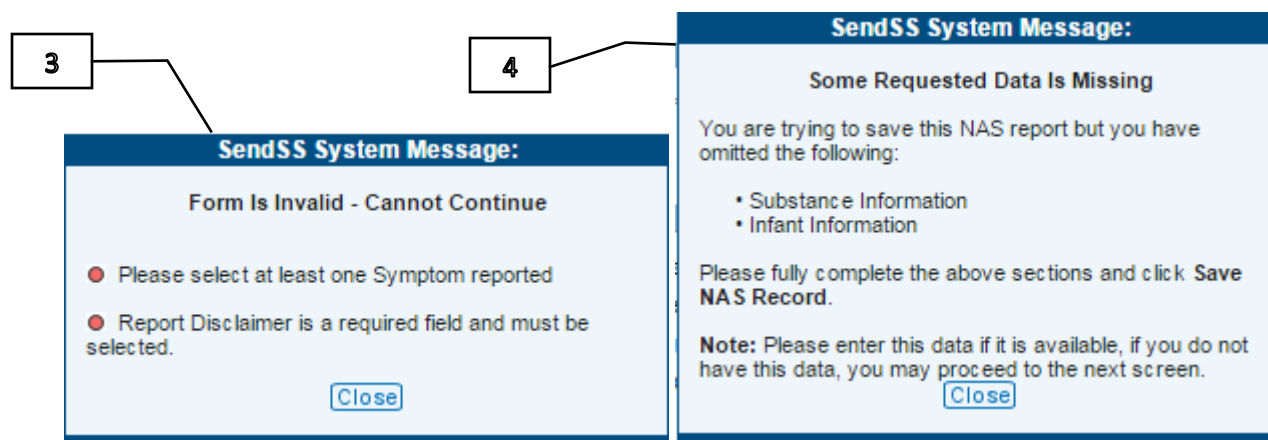
To Edit the NAS Infant Record that you have saved, please click on the + sign [1]. Make your updates/ corrections and click on save again.

## Saving the NAS Reporting Section

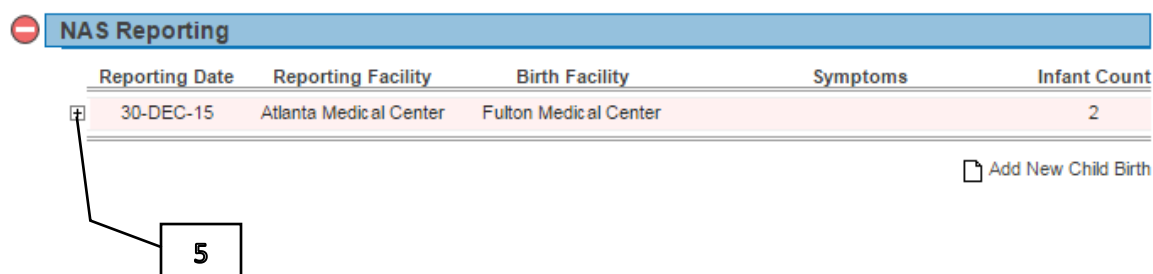


Once all the information has been entered, please click on **Save NAS Record #2** [1] button. To Exit without saving the record, click on **Close without Saving** [2] button.

Supporting Information and Report Disclaimer are required fields and you will encounter the below pop-up box [3] if the field has not been entered. You will encounter the box [4] if you have not entered any Infant or Substance information.

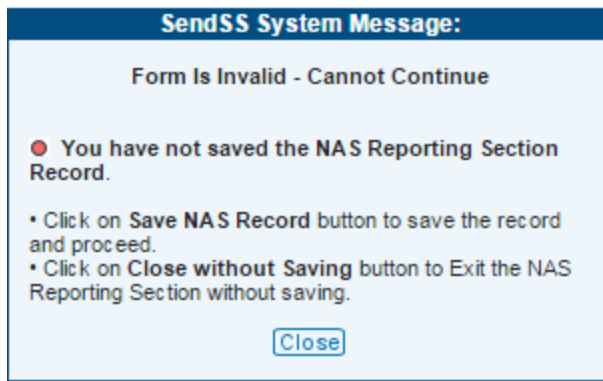


## Editing the NAS Childbirth Record



To Edit the NAS Infant Record that you have saved, please click on the **+** sign [5]. Make your updates/ corrections and click on Save button again.

## Missing NAS Record Information



You might encounter the above SendSS system message, when Substance and/or Infant information has been saved in the NAS Reporting Section but rest of the fields (like the Reporting Facility [1], Birth Facility[2], Symptoms[3], Type of Hospitalization, Infant Age , Additional Information, Medications, Disclaimer etc.) have been left blank by mistake. It is strongly recommended to fill in all the data to the best of your knowledge. The system will **NOT** allow you to proceed unless you save the NAS Record Properly or Close without Saving ([Refer Saving the NAS Childbirth Record](#)).

## Logging out of the System





Uid: vravichandran  

Help Contact Us My Account **Logout**

1

Once you have finished using the system, it is important you logout correctly to avoid unauthorized access to the Website. Click on the Logout out link [1] to close out the current session. You will be logged out and redirected to the SendSS welcome page.



Help Contact Us

Login

Sendss Login

Welcome to SendSS v4





If you are new to SendSS and have not yet registered for a user account, please [Click Here](#) to fill out the short registration form. Once you have received your account confirmation by email, you will be able to begin using SendSS.

**Thank you for using SendSS.**

User Id:

Password:

- ▶ Forgot Password?
- ▶ Training Demonstration **New!**
- ▶ Registration and Login Procedures



Login

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